

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph Mo  
(c) Name of hospital or institution: State Hospital #20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 2 mo  
(Specify whether years, months or days) 4 yrs 2 mo 2 yrs 2 mo

3. (a) PRINT

FULL NAME Laura E Cameron

3. (b) If veteran,

name war

3. (c) Social Security

No. none

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Edward  
6. (c) Age of husband or wife if alive 18 1/2 years  
7. Birth date of deceased June 2, 1864

8. AGE: Years 77 Months 7 Days 3  
If less than one day hr. 5 min.

9. Birthplace Gentry County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Lafayette Evans  
13. Birthplace Ohio  
14. Maiden name Louisa  
15. Birthplace Ohio

16. (a) Informant State Hospital #2  
(b) Address St. Joseph Mo

17. (a) Burial, cremation, or removal  
(b) Date thereof Jan 6, 1942  
(c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Roy Stamer  
(b) Address St. Joseph Mo

19. (a) Date received local registrar Jan 6, 1942  
(b) Registrar's signature H. J. Westlake

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry  
(c) City or town Albany Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
year 1942 hour 3:15 minute a M.

21. I hereby certify that I attended the deceased from Oct 6, 1941, to January 4, 1942  
that I last saw him alive on January 4, 1942  
and that death occurred on the day and hour stated above.  
Immediate cause of death Stroke, pneumonia and cerebral arteriosclerosis

Due to senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. B. SWEENEY (M. D. or other)  
Address State Hospital #2 Date signed 4-4-42

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**